

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

| | |
|----------------------------|--------------------------------|
| Date Of Report | 26/03/2018 18:02 |
| Date Of Accident | 24/03/2018 20:00 |
| Exact Location Of Accident | UNITED SQUARE BASEMENT CARPARK |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | GBG8402K |
| Insured/Policyholder | |
| Name Of Registered Owner | JIA YUN ENGINEERING PTE LTD |
| Co Reg No | 2012222608N |
| Email Address | JIAYUNLIFT@YAHOO.COM |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-66597918 |

Vehicle Particulars

| | |
|--------------------------------------------------------------------|------------------------|
| Manufacturer | TOYOTA |
| Model | HIACE VAN TURBO 5DR MT |
| Exact Purpose for which vehicle was being used at time of accident | WORK |

Are you claiming under your own insurance policy for repair to your vehicle? YES

If No, Please state action to be taken

| | |
|------------------|--------------------|
| Vehicle Category | COMMERCIAL VEHICLE |
|------------------|--------------------|

Insurance Company

| | |
|---------------------------|-----------------------------------------------|
| Name of Insurance Company | CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | DMCVSN1766381700 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | WANG CHANGMEI |
| Passport No/FIN | G7160193K |
| Date Of Birth | 15/03/1976 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 11/07/2016 |
| Driving Experience | 1 YEAR AND 8 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81683765 |
| Fax Number | |
| Contact Number | |
| EMail Address | NOEMAIL |

| | |
|-----------------------------------------------------|------------------------------------------------|
| Address | 531 YISHUN INDUSTRIAL PARK A SANTARLI BUILDING |
| Postcode | 768739 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | FRIEND |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------------------|
| Type Of Accident | COLLIDED INTO PROPERTY |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---------------------------------------------------------------------------------------------|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 1 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| I have been approached by unknown person(s) soliciting/offering accident claims assistance. | NO |
| Number of Passengers (Including Driver) | 1 |

Details of Police Action

| | |
|-------------------------------------------|----|
| Was the accident reported to the police? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

WHEN I WAS REVERSING MY VEHICLE INTO THE LOADING/UNLOADING BAY AT UNITED SQUARE BASEMENT CARPARK, ACCIDENTALLY BANGED ONTO THE CONCRETE WALL.

Attachment(s)

| | |
|-----------------------------------------------|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|--------------------------|
| Vehicle Registration Number | |
| Vehicle Make/Model/Colour | |
| Details Of Properties | CONCRETE WALL AT CARPARK |
| Vehicle Category | NA/UNKNOWN |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claim process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers to the GSA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving, and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available thereat.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) I, my insurer, my lawyer and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclosed material such as Personal Information in all forms (i) who have caused vehicle(s) involved in this accident (ii) owner(s) who have caused vehicle(s) involved in this accident shall be collectively referred to as the "Insurer", the insurers' lawyers/law firms, the Secretary of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) at:
 - (i) processing, handling and/or dealing with my claim including the settlement of the claim and any necessary investigations relating to the claim;
 - (ii) investigating the accident and/or my claim;
 - (iii) carrying out and/or dealing with my instructions in responding to any enquiries by me;
 - (iv) administering my claim (including the handling of correspondence, statements, reports or reports to file, which could involve disclosure of certain personal data about me to bring about delivery of the sum or sums of the insured sum of my policy/and/or policy/and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claim, (collectively the "Purpose")
- (b) all insurers who have caused vehicle(s) involved in this accident and the insurers' lawyers/law firms, may be permitted to collect, use, disclose and/or process my Personal Information for use or none of the above Purpose(s); and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents/intermediaries (such as lawyers/law firms), which may be based outside of Singapore, for one or more of the above Purpose(s);
- (d) my Personal Information will also be collected and used by outside claims handlers for the purpose of handling, investigation and management in present and all future claims;
- (e) the information so collected under (b) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, negotiating, controlling or settling claim, regulator, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) in complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 26/03/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Accounting Officer/Insured's Signature

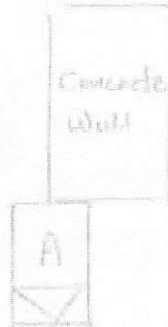
Name: Cassandra

NRIC/ID No: 63289914

Accident Sketch Plan

SKETCH PLAN

Loading /
Unloading
Bay



Date of Incident : 24-3-18

A: G8G 8402 K

United Square Basement Carpark

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I was reversing my vehicle into the Loading / Unloading Bay at United Square Basement Carpark, accidentally bang into the concrete wall.

DECLARATION

(We declare the information provided is true to the best of our knowledge)

Person's Signature
Date & Time: 26/03/18

Driver's Signature
(If driver is not the police officer)
Date & Time:

Reporting Officer/Personnel's Signature
Name: Cassandra
NIR/TA No: 63224391W